SCHOOL FACILITY PROGRAM (SFP) PROGRAM ACCOUNTABILITY SUBSTANTIAL PROGRESS CHECKLIST - SEPARATE DESIGN

Effective 12/01

PREPARER'S NAME

GENERAL	INFORMATION
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been received p	Section 1859.105(c) identifies the ursuant to Section 1859.81.1(c). These requirements.					
SCHOOL DISTRICT			SFP PROJECT NUMBE	R		
SCHOOL NAME		COUNTY				
INSTRUCTIONS						
subsection, chec when Subsection also be aware the months of State of Office of Public S	tion subsections listed below, iden k all the appropriate boxes, and/or on 1859.105(c)(4) is identified, winat if it identifies Subsection 1859. Allocation Board approval of the exection Construction (OPSC) at a s 9.105(c)(1) or 1859.105(c)(3).	enter the relevan Il render this chec 105(c)(4), it will be ttension. Any fund	t information. Failure to a klist incomplete and unac e required to satisfy Subse ing application which is re	attach documentation/evidence, eceptable. The District should ection 1859.105(c)(1) within 18 eturned to the District by the		
SUBSECTIONS	METHOD OF COMPLIANCE REQUIRED BY REGULATION SUBSECTION					
1859.105(c)(1)	Submittal of an approved New Co	onstruction or Mod	dernization Adjusted	SUBMITTAL DATE		
1859.105(c)(2)		to and accepted by the DSA for review and		SUBMITTAL DATE		
	Certification: By checking this box, the Dist the project have been submitt review and approval.			DSA APPLICATION NUMBER		
1859.105(c)(3)	Submittal of an approved separate Section 1859.81.1(a) or an approapplication pursuant to Section 1	ved environmenta		SUBMITTAL DATE		
1859.105(c)(4)	Submittal to the OPSC of evidence satisfactory to the State Allocation Board (SAB) detailing the reason(s) that plans have not been completed and accepted by the DSA.					
Note: If the SAB determines that substantial progress has been made pursuant to Education Code Section 17076.10(b), the SAB shall condition its finding of substantial progress upon the District's c to comply with Regulation Subsection 1859.105(c)(1) within a period not to exceed 18 months.						
	Check here to verify that the checklist.	evidence require	d to obtain the SAB exter	nsion has been attached to this		
Certification:						
I certify, as the	District Representative, that the in	formation reporte	d on and attached to this	checklist is true and correct.		
		SIGNATURE OF DIS	TRICT REPRESENTATIVE	DATE		
PRINT OR TYPE: NA	ME	TITLE	E-MAIL	PHONE NUMBER		

PREPARER'S TITLE

E-MAIL

PHONE NUMBER